

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 25 1941

43627

Do not use this space.

1. PLACE OF DEATH

(a) County RANDOLPH

Registration District No. 930

(b) Township MOBERLY

Primary Registration District No. 3034

(c) City MOBERLY

(d) Street No. S

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5

St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

CLARESE HATFIELD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

SEPT. 21-1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

54

2

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

Coal mine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PATNAM Co. Mo.

FATHER

13. NAME

ANDREW HATFIELD

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PATNAM Co Mo

MOTHER

15. MAIDEN NAME

MARY J. WORMICK

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

WEST VA.

17. INFORMANT
(ADDRESS)

MR. A. B. RUMSEY
306 HINTON MOBERLY MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE NOVINGER MO. DATE 12-15-40

19. FUNERAL DIRECTOR (NAME)
(ADDRESS)

HACKNEY F. HOME
MOBERLY MO

20. FILED Dec 15 1940

Earl Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

DEC. 13 1940

22. I HEREBY CERTIFY, That I attended deceased from

12-13 1940 to 12-13 1940

I last saw him alive on 12-13 1940. Death is said

to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

Shock from injuries
crushed under rock in
coal mine

Date of onset
12-13-40

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12-13 1940

Where did injury occur? near Moberly mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

coal mine

Manner of injury crushed by rock

Nature of injury crushed internally

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify coal miner

(Signed) W. M. McCormick M. D.

(Address) Moberly mo

RECEIVED

District Health Officer No. 10

District File Number 1-41-166

Date Filed JAN 16 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3598

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.